

date received _____

**BOARD OF CERTIFICATION OF PUBLIC
WATER SYSTEM OPERATORS
STATE OF HAWAII**

☐ 7/29/03
☐ 1/27/04

Water Treatment Plant Operator Examination Registration Form
(please mail entire form)

DUE DATE: Certification application and fee, exam registration and fee must be received three months before the exam date

EXAM FEE: \$30, make Cashier's Check or Money Order payable to STATE OF HAWAII. No personal checks accepted.

Mail registration and check to:

Board of Certification of Public
Water System Operators
Hawaii Dept. of Health, EMD
Safe Drinking Water Branch
919 Ala Moana Boulevard, Room 308
Honolulu, Hawaii 96814-4920

phone: (808) 586-4258
FAX: (808) 586-4351 (*new*)

☐ *new address?*

Name (Last) (First) (Middle Initial)

Street, Box, or Route

City State Zip Code

Business Phone No. Fax No. Social Security No.

PWS ID. Water System

Exam fee of \$30 is attached for: Exam Grade Level _____

Signature

Date